

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: <u>6/25/05</u>		2 Serial/Patent # <u>107522868</u>			
3 Please refund the following fee(s):			4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing				\$
<input type="checkbox"/>	Amendment				\$
<input type="checkbox"/>	Extension of Time				\$
<input type="checkbox"/>	Notice of Appeal/Appeal				\$
<input type="checkbox"/>	Petition				\$
<input type="checkbox"/>	Issue				\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/>	Maintenance				\$
<input type="checkbox"/>	Assignment				\$
<input checked="" type="checkbox"/>	Other				\$
			7 TOTAL AMOUNT OF REFUND	\$ <u>50.00</u>	
8 TO BE REFUNDED BY:					
			Treasury Check		
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:		
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	<u>9 1 1 -- 1 4 1 0</u>		
10 REASON:					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: <u>Barbara A. Campbell</u> TITLE: <u>Paralegal</u>					
SIGNATURE: <u>BAC</u>					
OFFICE: <u>PCT/DO/EO</u>					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****					
APPROVED: _____			DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B